

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 2, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Red9, 322 South 9th Street requesting a class IK liquor license.

This location was previously known as P.O. Pears which held a liquor license

Jill Cockson has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jill Cockson was born in Lincoln, Nebraska. She attended Rockhurst College graduating in 2004.

Jill Cockson employment history is as follows:

| | | |
|-------------|------------------|--------------|
| 2003 - 2008 | Starlight Lounge | Lincoln, NE. |
| 2004 - 2007 | The Mill | Lincoln, NE. |

The required training was completed on 5-8-08.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED RECEIVED

SEP 18 2008

SEP 24 2008

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES. CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input checked="" type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name PATTI A. DITTMANN

Phone number: 474-6900

Firm Name CLINE WILLIAMS LAW FIRM

PREMISE INFORMATIONTrade Name (doing business as) red9Street Address #1 322 SOUTH 9TH STREET

Street Address #2 _____

City LINCOLN County LANCASTER Zip Code 68508Premise Telephone number 617-7329Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name MONTE FROEHLICHStreet Address #1 129 NORTH 10TH STREETStreet Address #2 SUITE 100City LANCASTER County LANCASTER Zip Code 68508**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

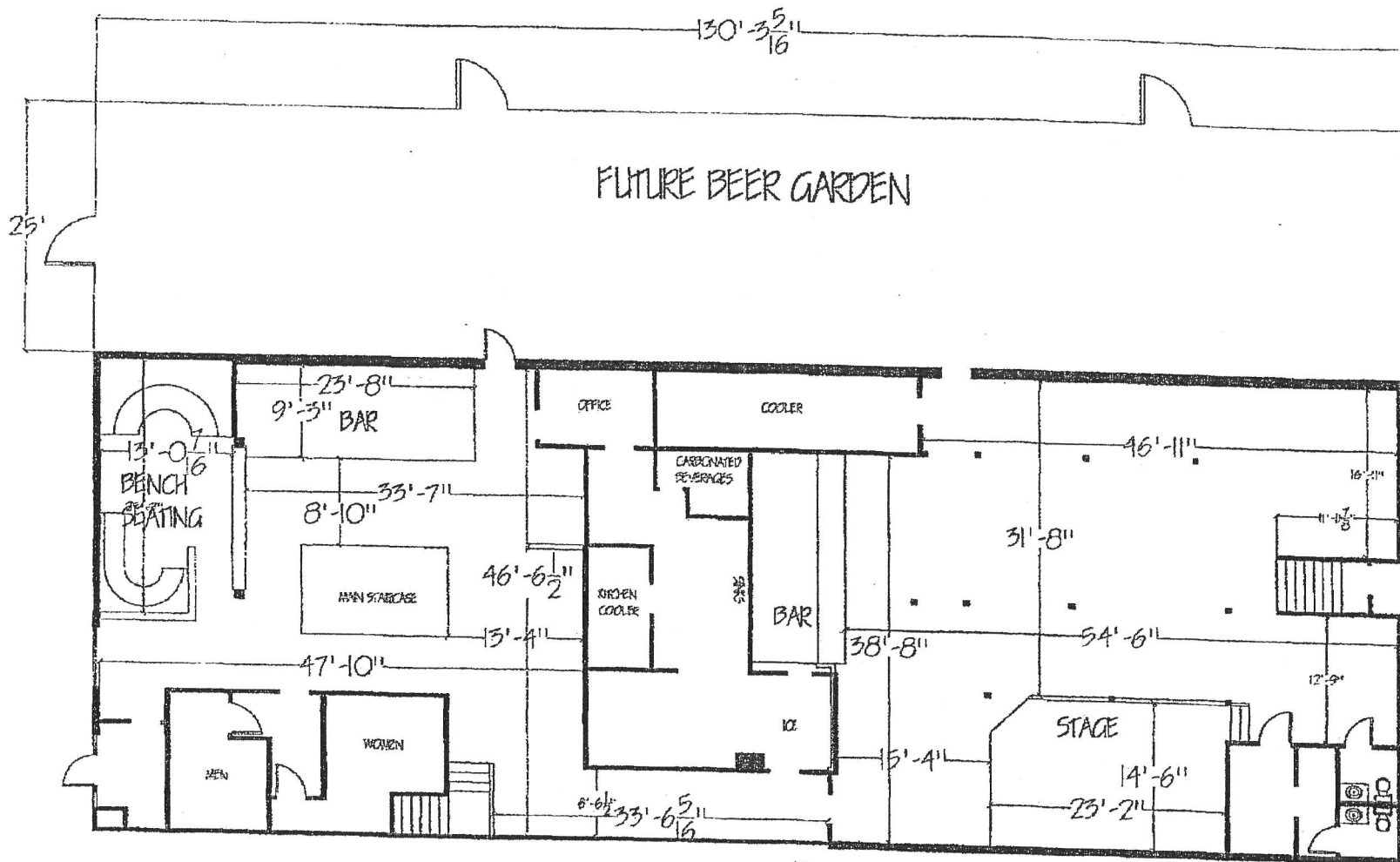
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

SEE ATTACHED

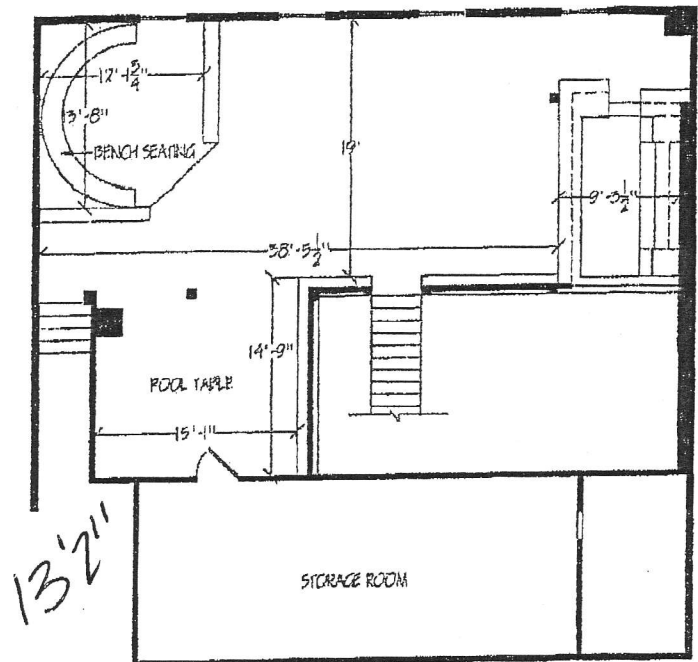
Please DO NOT SEND BLUEPRINTS

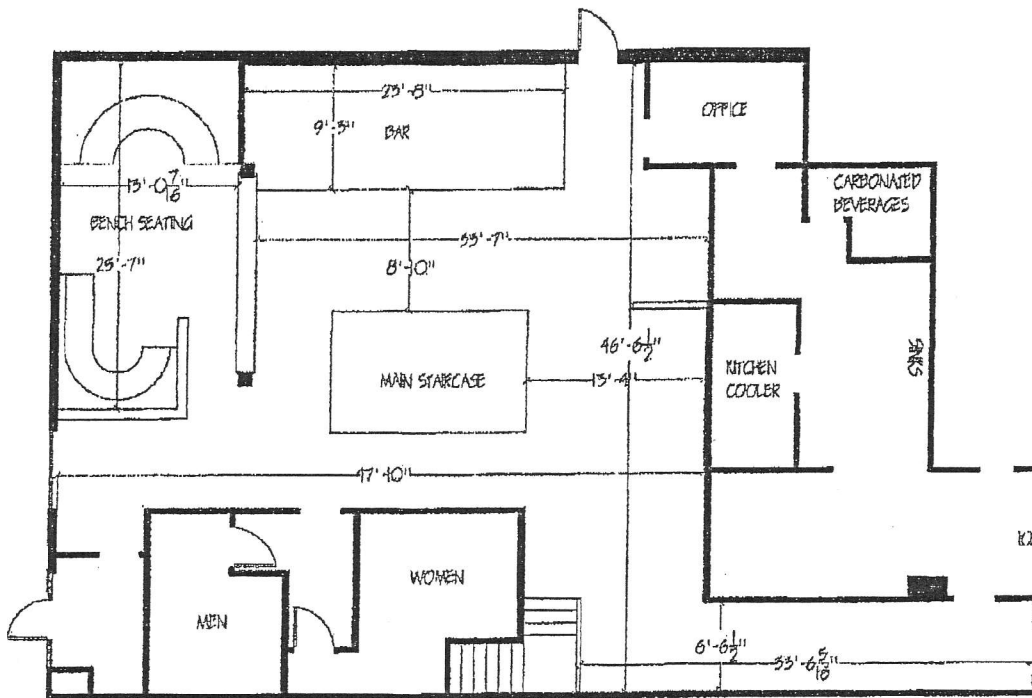
You must also include the dimensions of the area to be licensed in feet and given in (length by width)

Entire one story bldg approx
131' X 47' including 2nd floor 49' X 47'

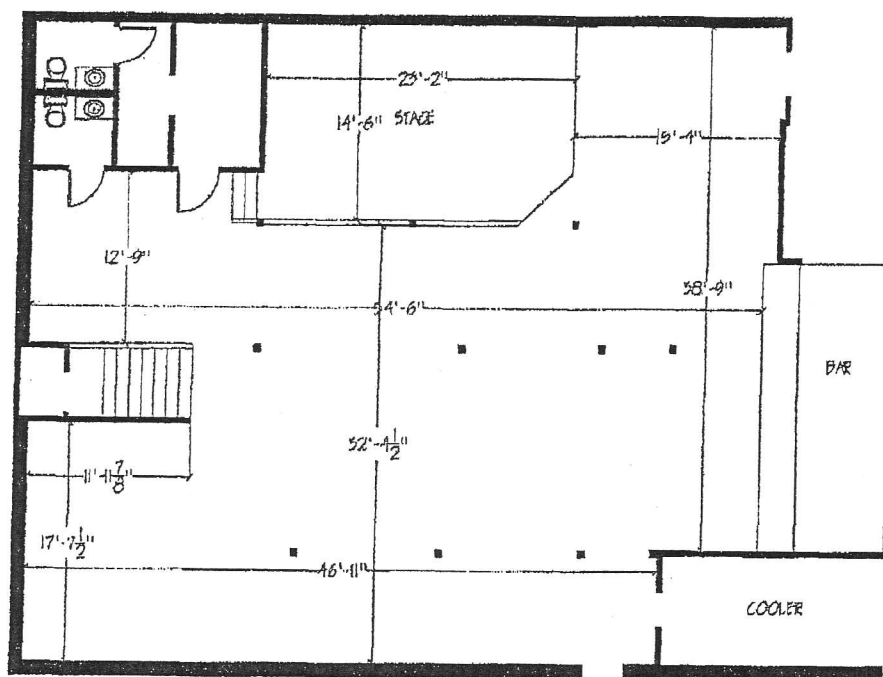


red9
 MAIN LEVEL
 SCALE: 1/8" = 1'





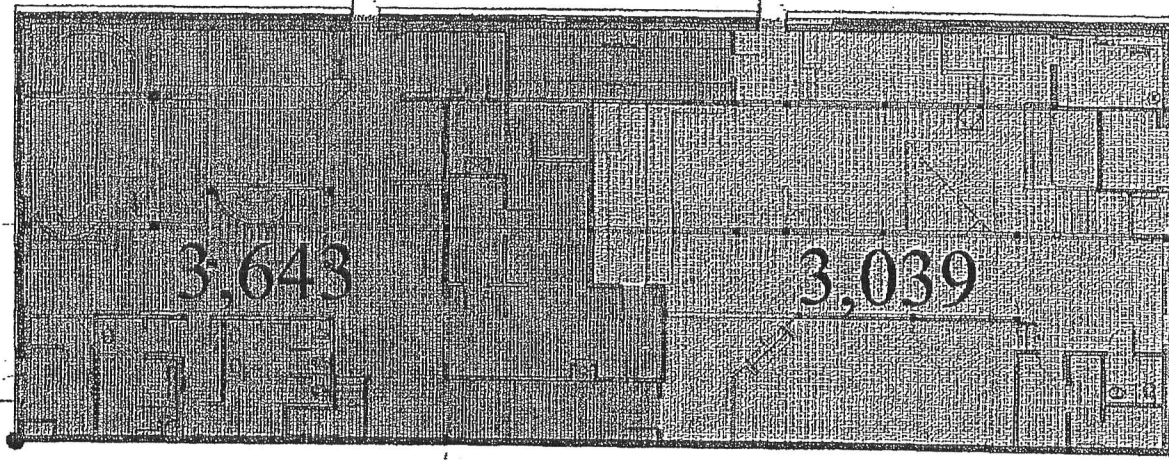
red9
MAIN LEVEL
SCALE: 1/8" = 1'



stage
 BACK ROOM
 SCALE: $\frac{1}{8}" = 1'$

M Street

9th Street



Square Footage
Calculation

1

933 M Street
Lincoln, NE 68508

First Level

August 7, 2008



U.S. PROPERTY

402.500.2312 c.
402.509.3250 p.f.

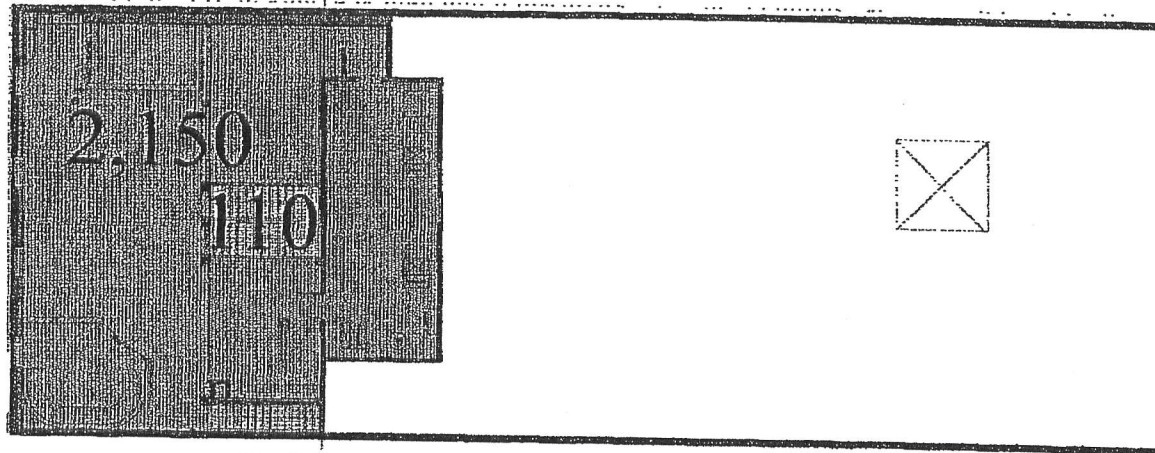
6910 Thimbletong Road
Lincoln, NE 68516

Architecture 

Exhibit A - 3 pages

M Street

9th Street



Square Footage
Calculation

2

933 M Street
Lincoln, NE 68508

Second Level

August 7, 2008



U.S. PROPERTY

402.580.2312 x.
402.489.5290 p. f.

8330 Viewmont Road
Lincoln, NE 68505

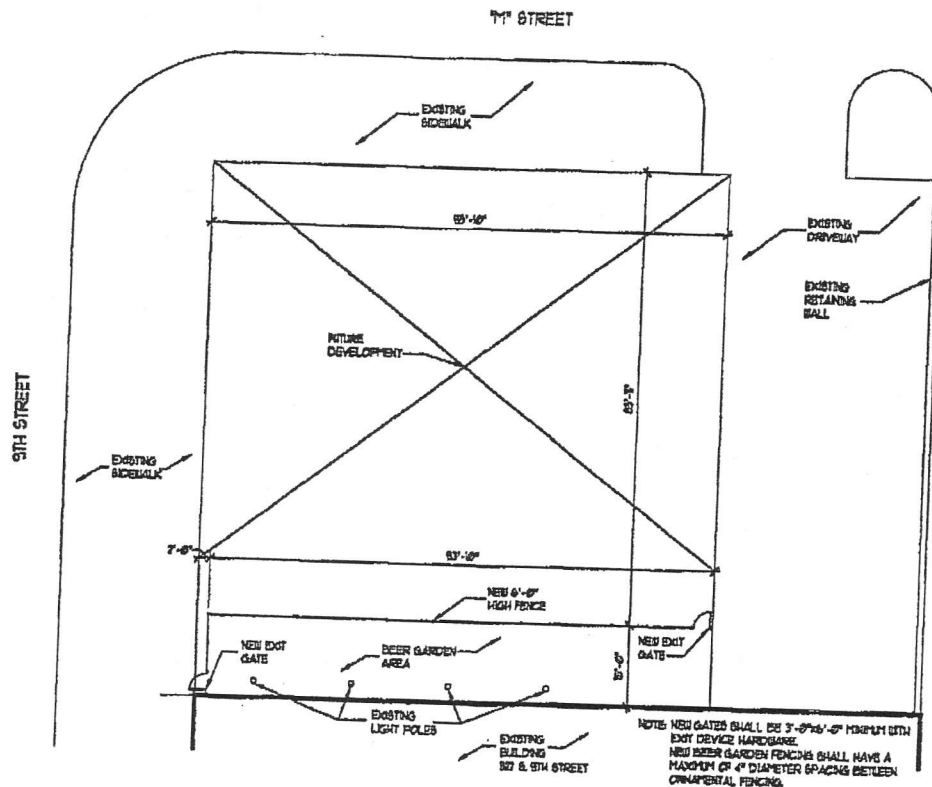
Architecture  NE

RECEIVED

SEP 24 2008

SEP 16 2008

NEBRASKA LIQUOR CONTROL COMMISSION



NEW SITE PLAN

SCALE: 1/8" = 1'-0"

RECEIVED

NEW SITE PLAN

BEER GARDEN
228 South 9th Street
Lincoln, Nebraska

Project No. 84508

PRELIMINARY KEY

Date: 8/8/2008



ERICKSON
SULLIVAN

228 South 9th Street
Lincoln, NE 68502

Phone: 402.467.1100

A11

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender CITY BANK & TRUST, MIKE ULRICH

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

CITY BANK & TRUST; AMEETA MARTIN AND MONTE FROEHLICH

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

MONTE FROEHLICH - THE GRAND MANSE

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. JILL COCKSON - 40 HRS PER WEEK

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. SEE ATTACHED CURRICULUM VITAE

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 12/31/2009

☐ Deed

☐ Purchase Agreement

must be in name of LLC applying

15. When do you intend to open for business? 9-27-2008

16. What will be the main nature of business? BAR; SPECIAL EVENTS

17. What are the anticipated hours of operation? TUESDAY - SUNDAY; 4:00 PM - 1:00 AM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR FROM | TO | SPOUSE: CITY & STATE | YEAR FROM | TO |
|-------------------------|--------------|------|----------------------|--------------|------|
| MONTE & LISA FROEHLICH | | | | | |
| LINCOLN, NE | 1998 | ---- | LINCOLN, NE | 1998 | ---- |
| STEVE & AMEETA MARTIN | | | | | |
| LINCOLN, NE | 1993 | ---- | LINCOLN, NE | 1993 | ---- |

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Ameeta Martin

Signature of Applicant

Steve Martin

Signature of Spouse

Steve Martin

Signature of Applicant

Ameeta Martin

Signature of Spouse

Steve Martin

Signature of Applicant

Lisa R Froehlich

Signature of Spouse

Lisa R Froehlich

Signature of Applicant

Steve Martin

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this 15th Day of Sept 2008

Lisa Froehlich
Ameeta Martin, Steve Martin, Monte Froehlich

Patricia J. Corkle

Notary Public signature

County of LANCASTER

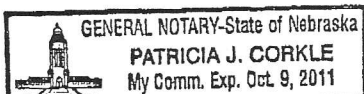
The foregoing instrument was acknowledged before me this 15th day of Sept. 2008 by

Ameeta Martin, Steve Martin
Monte Froehlich, Lisa Froehlich

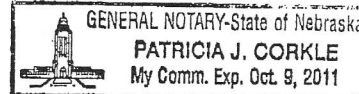
Patricia J. Corkle

Notary Public signature

Affix Seal Here



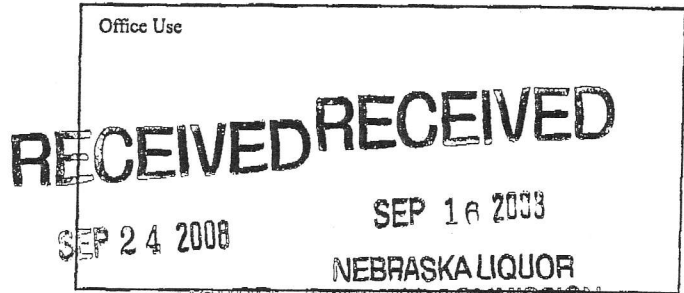
Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: MONTE FROEHLICH

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

red9, LLC

LLC Address: 129 NORTH 10TH STREET

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-475-8776 Fax Number 402-476-6124

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: MARTIN First Name: AMEETA MI: B

Home Address: 3424 OLD DOMINION ROAD City: LINCOLN

State: NE Zip Code: 68506 Home Phone Number: 402-420-1323

Ameeta Martin

Signature of Contact Member

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

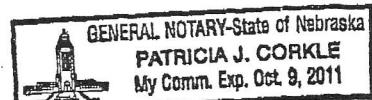
9-15-08
date

by

Ameeta Martin
name of person acknowledged

Patricia J. Corkle
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: FROEHLICH First Name: MONTE MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): LISA FROEHLICH

Spouse Social Security Number: _____ Date of Birth: _____

PP Last Name: MARTIN First Name: AMEETA MI: B

Social Security Number: _____ Date of Birth: _____

PP Spouse Full Name (indicate N/A if single): STEVEN MARTIN

Spouse Social Security Number: _____ Date of Birth: _____

PP Last Name: FROEHLICH First Name: LISA MI: R

Social Security Number: _____ Date of Birth: _____

PP Spouse Full Name (indicate N/A if single): MONTE FROEHLICH

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: MARTIN First Name: STEVE MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): AMEETA MARTIN

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☒ YES

☐ NO

RECEIVED

SEP 24 2008

If yes, provide the name of corporation/company and supply an organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

SATURN HOLDINGS LLC

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY

Ending Date: DECEMBER

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

The Secretary of State
of the United States of America

Le Secrétaire d'Etat
des Etats-Unis d'Amérique

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE

NOT VALID UNTIL SIGNED



P<USAFROEHLICH<<MONTE<LYNN<<<<<<<<<<<<<<<<
0753336403USA581222M0906227<<<<<<<<<<<<<<<48

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Lisa Raydon Froehlich

SIGNATURE OF BEADER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED



UNITED STATES OF AMERICA

| Type / Type / Tipo | Code / Code / Código | Passport No. / No. du Passeport / No. do Passaporte |
|--------------------|----------------------|---|
|--------------------|----------------------|---|

Surname / Nom / Apellidos

213237331

FROEHLICH

Givek pames / Prénoms / Nombres

LISA ROYDON

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

6. Učesnik / Participant

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Sex / Sexe / Sexo: Place nt birth / Lieu de naissance / Lugar de nascimento:

IONA II

Data of Issues / Datos de Ediciones / Edizione

11-1-2005

11 Apr 2006

10. 11. 2015

10 Apr 2016

Attending: Mr. Mc

See Page 24

P<USAFROEHLICH<<LISA<ROYDON<<<<<<<<<<<<
21325733110SA5905258F1504103<<<<<<<<<<<<<0

NEBRASKA LIQUOR
CONTROL COMMISSION

Le Secrétaire d'Etat des Etats-Unis d'Amérique

Donne par les présentes toutes autorités compétentes de laisser passer le citoyen
 ressortissant des Etats-Unis titulaire du présent passeport, sans délai, sans
 difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

ayuda y protección lícitas.

Amelia Bernal Martín

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULARE

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

UNBORN STATES OF AMERICA

Type / Type / Tipo : Code / Code / Código : Passport No. / No. du Passeport / No. de Pasaporte
P USA 207623067

Surname / Nom / Apellidos
MARTIN

Given names / Prénoms / Nombres
AMEETA BANSAL

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

de nascença / Fecha de nacimiento

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento

Date of issue / Date de délivrance / Fecha de expedición
12 Dec 2002

Authority / Autorité / Autoridad

Date of expiration / Date d'expiration / Fecha de caducidad
11-Dec-2012

Passport Center

Amendments / Modifications / Enmiendas
See Page 24

P<USAMARTIN<<AMEETA<BANSAL<<<<<<<<<<<<<<<<<<

207523057ZUSA6202150F1212112<<<<<<<<<<<<00

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

| |
|---------------------------------------|
| Office Use |
| RECEIVED |
| RECEIVED |
| SEP 24 2008 |
| SEP 16 2008 |
| NEBRASKA LIQUOR CONTROL COMMISSION |
| NEBRASKA LIQUOR CONTROL COMMISSION |

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: red9, LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: red9

Premise Street Address: 322 SOUTH 9TH STREET

City: LINCOLN State: NE Zip Code: 68508

Premise Phone Number: 402-617-7329

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: COCKSON First Name: JILL MI: S

Home Address (include PO Box if applicable): 2660 PARK AVENUE

City: LINCOLN State: NE Zip Code: 68502

Home Phone Number: 402-261-4888 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: LINCOLN, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: COLE First Name: MARK
MI: S

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: OMAHA, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

| APPLICANT | | | SPOUSE | | |
|--------------|--|-----------------|--------------|--|-----------------|
| CITY & STATE | | YEAR FROM TO | CITY & STATE | | YEAR FROM TO |
| SEE ATTACHED | | | SEE ATTACHED | | |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|------|------------------|--------------------|------------------|
| 2003 | 2008 | STARLIGHT LOUNGE | STEVE ENGEL | 402-475-8822 |
| 2004 | 2007 | THE MILL | KEN KAVANAUGH | 402-475-5522 |

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

SEP 24 2008

PERSONAL OATH AND CONSENT OF INVESTIGATION

NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

[Signature]
Signature of Manager Applicant

[Signature]
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 15th September, 2008 by

Jill S. Cockson

[Signature]

Notary Public signature

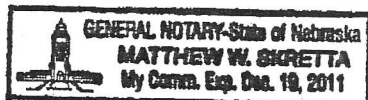
The foregoing instrument was acknowledged before me this 15th September, 2008 by

Mark S. Cole

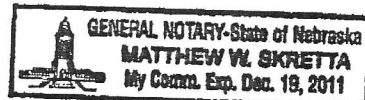
[Signature]

Notary Public signature

Affix Seal Here



Affix Seal Here



SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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SEP 24 2008

SEP 16 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Mark Cole
Signature of spouse asking for waiver
(Spouse of individual listed below)

MARK COLE

Printed name of spouse asking for waiver

State of NEBRASKACounty of LANCASTER15th September, 2008

date

Matthew W. Skretta

Notary Public signature

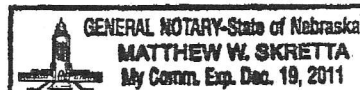
The foregoing instrument was acknowledged before me this

Mark Cole

by

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Jill Cockson
Signature of individual involved with application
(Spouse of individual listed above)

JILL COCKSON

Printed name of applying individual

State of NEBRASKACounty of LANCASTER15th September, 2008

date

Matthew W. Skretta

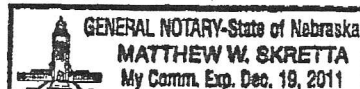
Notary Public signature

The foregoing instrument was acknowledged before me this

Jill Cockson

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
MAR 23 1995
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

71 12994

| | | | | | |
|---|--------|------|--|--|---|
| CHILD—NAME | | | DATE OF BIRTH (MONTH, DAY, YEAR) | | BIRTH NUMBER |
| 1. FIRST | MIDDLE | LAST | 7a. | | 7b. |
| Mark | Steven | Cole | 7a. | | 7b. |
| SEX | | | THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) | | IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) |
| 2. Male | | | 4a. Single | | 5a. Douglas |
| CITY, TOWN, OR LOCATION OF BIRTH | | | HOSPITAL—NAME | | STREET AND NUMBER |
| 5b. Omaha | | | Immanuel Medical Center | | 68104 |
| MOTHER—MAIDEN NAME | | | AGE (AT TIME OF THIS BIRTH) | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| 6a. Nina Mae Adams | | | 6b. 38 | | 6c. Nebraska |
| RESIDENCE—STATE | | | CITY, TOWN, OR LOCATION, ZIP CODE | | STREET AND NUMBER |
| 7a. Nebraska | | | 7b. Omaha | | 7c. 3542 Fontenelle Blvd. |
| FATHER—NAME | | | AGE (AT TIME OF THIS BIRTH) | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| 8a. Duane Otis Cole | | | 8b. 49 | | 8c. Nebraska |
| INFORMANT—NAME OR SIGNATURE | | | RELATION TO CHILD | | |
| 9a. Nina Mae Cole | | | Mother | | |
| I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. | | | DATE SIGNED (MONTH, DAY, YEAR) | | ATTENDANT—M.D., D.O., OTHER (SPECIFY) |
| 10a. SIGNATURE <i>Robert E. Underriner, M.D.</i> | | | 10b. August 15 1971 | | 10c. |
| CERTIFIER—NAME | | | MAILING ADDRESS | | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP |
| 11a. R. E. Underriner, M.D. | | | 11b. 5827 No. 60th, Omaha, Nebr. | | |
| REGISTRAR—SIGNATURE | | | DATE RECEIVED BY LOCAL REGISTRAR | | |
| 11c. <i>James E. Lyman, M.D.</i> | | | 11d. AUG 18 1971 | | |

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

76 21118

| | | | | | |
|---|---------|---------|--|--|---|
| CHILD—NAME | | | DATE OF BIRTH (MONTH, DAY, YEAR) | | BIRTH NUMBER |
| 1. FIRST | MIDDLE | LAST | 7a. | | 7b. |
| Jill | Suzanne | Cockson | 7a. | | 7b. |
| SEX | | | THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) | | IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) |
| 2. Female | | | 4a. Single | | 5a. Lancaster |
| CITY, TOWN, OR LOCATION OF BIRTH | | | HOSPITAL—NAME | | STREET AND NUMBER |
| 5b. Lincoln | | | | | |
| MOTHER—MAIDEN NAME | | | AGE (AT TIME OF THIS BIRTH) | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| 6a. Christine Annette Swanson | | | 6b. 28 | | 6c. Omaha, Nebraska |
| RESIDENCE—STATE | | | CITY, TOWN, OR LOCATION, ZIP CODE | | STREET AND NUMBER |
| 7a. Nebraska | | | 7b. Butler | | 7c. Bellwood |
| FATHER—NAME | | | AGE (AT TIME OF THIS BIRTH) | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| 8a. James Edward Cockson | | | 8b. 29 | | 8c. Columbus, Nebraska |
| INFORMANT—NAME OR SIGNATURE | | | RELATION TO CHILD | | |
| 9a. Christine Swanson Cockson | | | Mother | | |
| I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. | | | MAILING ADDRESS | | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP |
| 10a. SIGNATURE D.L. Snyder | | | 10b. 5640 So. St. | | 10c. Lincoln, Nebraska |
| ATTENDANT—M.D., D.O., OTHER (SPECIFY) | | | | | |
| 10d. M.D. | | | | | |
| REGISTRAR—SIGNATURE | | | DATE RECEIVED BY LOCAL REGISTRAR | | |
| 11a. E.D. Lyman, M.D. | | | 11d. Nov. 19, 1976 | | |

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Freda Thera
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA

Issued December 19, 1977